



VILLAGE OF BERKELEY, ILLINOIS

POLICE DEPARTMENT



5819 Electric Avenue, Berkeley, Illinois 60163
Telephone: (708) 449-8224

PHILLIP J. SMITH
CHIEF OF POLICE
psmith@berkeley.il.us

ROBERT E. LEE, JR
VILLAGE PRESIDENT
rlee@berkeley.il.us

Use of Force Supervisor's After Action Report

General Information

1. Date 10/3/14	2. Time 1710	3. Incident Type VICTIOUS DOG	4. Report Number 14-11306
5. Address/Location of Incident 1148 TAFT AVE	6. Officer Involved OFc PARKER #12	7. Uniformed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
8. Lighting Conditions (mark all that apply) <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Darkness <input type="checkbox"/> Poor Artificial <input type="checkbox"/> Good Artificial <input type="checkbox"/> Other (describe)			
9. Weather Conditions <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Rain <input type="checkbox"/> Fog <input type="checkbox"/> Snow <input type="checkbox"/> Other (describe)			10. Video <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
11. Type of Video <input type="checkbox"/> TASER Cam <input type="checkbox"/> In-Squad <input type="checkbox"/> Other (describe) N/A (LIGHTS NEVER ACTIVATED)			

Injuries

12. Officer(s) Injured <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	13. Describe All Injuries N/A
14. Medical Treatment <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15. Type of Treatment None N/A
16. Suspect Injured <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes fill in #17	17. Describe All Injuries GUNSHOT WOUND TO MOUTH AREA
18. Medical Treatment <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes fill in #19	19. Type of Treatment TRANSPORTED TO DUPAGE ANIMAL HOSPITAL (ANTIFECTIVE)

Firearms

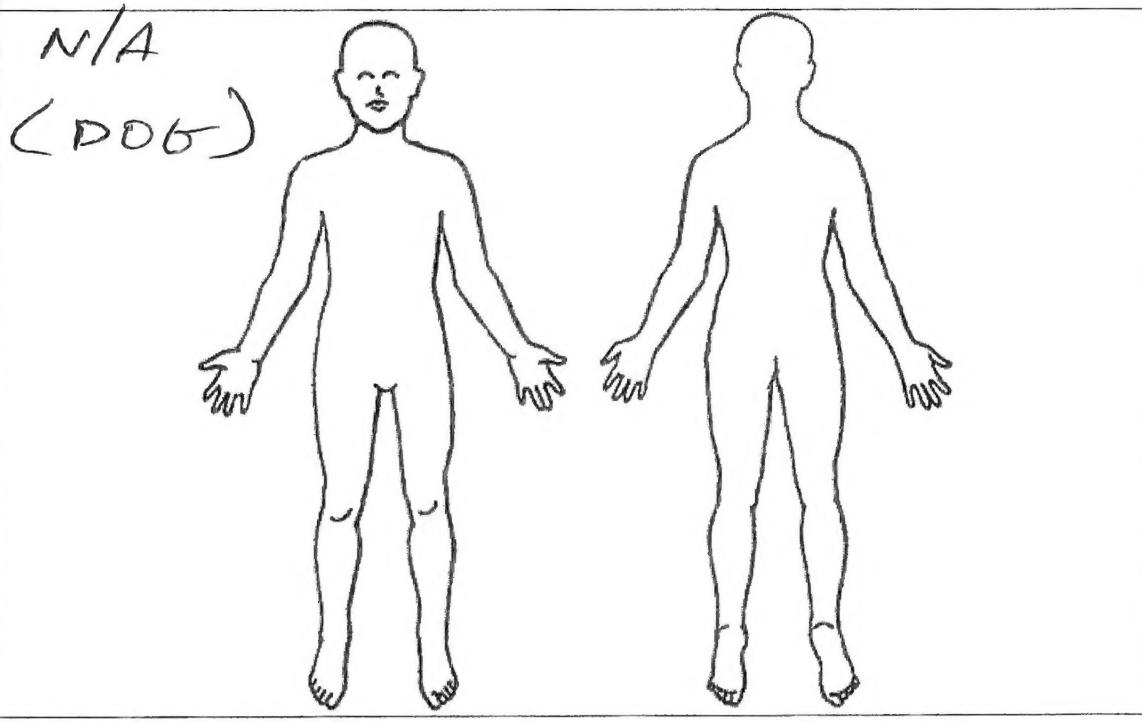
20. Suspect Armed With <input type="checkbox"/> Handgun <input type="checkbox"/> Rifle/Assault <input type="checkbox"/> Shotgun <input type="checkbox"/> Knife <input type="checkbox"/> Other (describe)	N/A (DOG)
21. Officer Weapon <input type="checkbox"/> Glock 22 <input checked="" type="checkbox"/> Glock 23 <input type="checkbox"/> Other (Specify) 40 CALIBER	22. Number of Shots 1
23. Officer Information <input checked="" type="checkbox"/> Right Handed <input type="checkbox"/> Left handed	24. Additional Information N/A

Non-Deadly Weapons

22. Type Of Force <input type="checkbox"/> Baton <input type="checkbox"/> OC <input type="checkbox"/> TASER (fill out #23,24,25,26) <input type="checkbox"/> Other (specify) <i>N/A</i>			
23. TASER <input type="checkbox"/> Drive Stun <input type="checkbox"/> Probe Deployment <input type="checkbox"/> Probe Deployment and Drive stun <input type="checkbox"/> Laser/low light Display <input type="checkbox"/> Arc Display <input type="checkbox"/> Laser/low light and Arc Display		24. Taser # <i>N/A</i>	Cartridge Serial # (if probes deployed) <i>N/A</i>
25. TASER Cam/Data Downloaded <input type="checkbox"/> Yes <input type="checkbox"/> No <i>N/A</i>		26. Downloaded to <i>N/A</i>	
27. Describe location on suspect force applied (also see diagram box 37) <i>(1) Gunshot to dog's mouth</i>			

28. Photos Taken <input checked="" type="checkbox"/> Suspect <input type="checkbox"/> Officer <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	29. Taken By <i>N/A</i>	30. Incident Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
31. Narrative (also include witness information) WITNESS / COMPLAINANT: KENNETH ELAZIER, 670-251-1751 KENNETH ELAZIER CONTACTED THE DEPARTMENT TO ADVISE OF (2) CHILDREN HAVING A HARD TIME WITH A DOG (PIT BULL). OFFICER PARKER WAS FIRST ON SCENE. THE DOG LUNGED AT OFFICER PARKER IN AN AGGRESSIVE MANNER, CRUSHING OFFICER PARKER TO THE GROUND (1) ROUND FROM THE GUN, STRIKING THE DOG (PITBULL)			
32. Suspect Name <i>(Dog) PITBULL</i>	33. DOB <i>—</i>	34. Home Phone <i>—</i>	35. Alternate Phone <i>—</i>
36. Address <i>1148 TAFT, OWNER OF DOG (GINA STONE)</i>			

37. Mark areas of injury on offender, include TASER Probe hits and drive stun locations.



38. Supervisor Signature & Date

 10/4/14

Below to be filled out be reviewing Supervisor(s) only

Policy Violation YES

NO

(Yes requires comment and recommendation below)

Comments & Recommendations

Review Supervisor(s) Signature and Date